



## BUSINESS LICENSE APPLICATION

Please submit the completed form and all applicable attachments to the Ferron City Hall at PO Box 820, 20 East Main Street, Ferron, UT 84523.

**PLEASE TYPE OR PRINT LEGIBLY**

| Business Information                                                                                                                                                                                                                                                                                                                                          |                               |                          |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------|--------------------------------|
| Status: <input checked="" type="checkbox"/> New Business <input type="checkbox"/> Location Change <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Renewal                                                                                                                                             |                               |                          |                                |
| Business Name:<br>BIG MOUNTAIN OUTDOORS, LLC                                                                                                                                                                                                                                                                                                                  |                               |                          |                                |
| Owner's Name:<br>BRAD & JULIE BENSON                                                                                                                                                                                                                                                                                                                          |                               |                          |                                |
| Manager's Name:<br>SAME                                                                                                                                                                                                                                                                                                                                       |                               |                          |                                |
| Business Street Address and PO Box:<br>35 E MAIN ST                                                                                                                                                                                                                                                                                                           |                               |                          |                                |
| City:<br>FERRON                                                                                                                                                                                                                                                                                                                                               | State:<br>UT                  | Zip:<br>84523            | Zone:<br>CC                    |
| Business Telephone:<br>435-609-9646                                                                                                                                                                                                                                                                                                                           |                               | Fax:                     | E-mail<br>bjbenson@hotmail.com |
| Type of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC                                                                                                                                                                          |                               |                          |                                |
| Type of Business: <input type="checkbox"/> Commercial Wholesale <input checked="" type="checkbox"/> Commercial Retail <input type="checkbox"/> Construction / Contractor<br><input type="checkbox"/> Services <input type="checkbox"/> Home Occupation <input type="checkbox"/> Restaurant/Fast Food Establishment <input type="checkbox"/> Sexually Oriented |                               |                          |                                |
| Opening Date:<br>MARCH 2021                                                                                                                                                                                                                                                                                                                                   | Business Hours:<br>10AM - 6PM | Days of Week:<br>MON-SAT |                                |
| Detailed Description of Business Activity:<br>AMERICAN LANDMASTER DEALERSHIP<br>(POSSIBLE GUN DEALERSHIP)                                                                                                                                                                                                                                                     |                               |                          |                                |
| APPROVALS: (Please sign and date)                                                                                                                                                                                                                                                                                                                             |                               | Office Use Only          |                                |
| License Administrator _____                                                                                                                                                                                                                                                                                                                                   |                               | FIRE CHIEF _____         |                                |
| Planning Commission _____                                                                                                                                                                                                                                                                                                                                     |                               | Health Dept. _____       |                                |
| Building Inspector _____                                                                                                                                                                                                                                                                                                                                      |                               | Other _____              |                                |
|                                                                                                                                                                                                                                                                                                                                                               |                               | LICENSE # _____          |                                |
| Continue to next page                                                                                                                                                                                                                                                                                                                                         |                               |                          |                                |

# Business Tax Information

|                                                                                                                                                                                                                        |                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| State Sales Tax ID: <u>COMING</u>                                                                                                                                                                                      | Federal Tax ID: <u>85-4264660</u>                                                                      |
| State License Type: <u>DEALERSHIP</u>                                                                                                                                                                                  | State License No. (Attach Copy if applicable)                                                          |
| Beer License Needed <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes check the following: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C |                                                                                                        |
| Background Check <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please sign consent or attach proof)                                                                                                | Bond <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, please attach proof) |

## Owner Information

|                                                      |                  |                                                                    |                    |
|------------------------------------------------------|------------------|--------------------------------------------------------------------|--------------------|
| Owner's Name: <u>BRAD &amp; JULIE BENSON</u>         |                  |                                                                    |                    |
| Owner's Street Address and PO Box: <u>PO Box 413</u> |                  |                                                                    |                    |
| City: <u>FERRON</u>                                  | State: <u>UT</u> | Zip Code: <u>84523</u>                                             | PO Box: <u>413</u> |
| Owner's Phone: <u>609-9646</u>                       | Fax:             | E-Mail: <u>bibenson@hotmail.com</u>                                |                    |
| Owner's Date of Birth: <u>3-20-85</u>                |                  | Owner's Drivers License No. (Please provide copy) <u>175691958</u> |                    |

## Manager Information

|                                      |        |                               |        |
|--------------------------------------|--------|-------------------------------|--------|
| Manager's Name: <u>SAME</u>          |        |                               |        |
| Manager's Street Address and PO Box: |        |                               |        |
| City:                                | State: | Zip Code:                     | Phone: |
| Manager's Date of Birth:             |        | Manager's Drivers License No. |        |

## Corporations, Partnerships or LLC Please complete this section

| List all Officers:  | Home Address:                     | Home Phone:                                 |
|---------------------|-----------------------------------|---------------------------------------------|
| <u>BRAD BENSON</u>  | <u>805 E MOLEND RD<br/>FERRON</u> | <u>749-2646</u>                             |
| <u>JULIE BENSON</u> | <u>Same</u>                       | <u>609-2646</u>                             |
| Title:              | Date Of Birth:(MM/DD/YYYY)        | Drivers License No. (Please include a copy) |
| <u>Member BRAD</u>  | <u>2-28-84</u>                    | <u>166228366</u>                            |
| <u>Member JULIE</u> | <u>3-20-85</u>                    | <u>175691958</u>                            |

I understand that completion of this application does not constitute the approval to operate a business. I agree to conduct said business in accordance with all state and local laws and swear under penalty of law that the information contained in this application is true and correct.

Julie Benson 1-5-29  
Signature of Owner Date  
Owner JULIE BENSON

Please Print Name Title  
**Please allow at least 10 business days to process the application**